

State of Maine
Office of Attorney General
Consumer Protection Division
Consumer Mediation Service
6 State House Station
Augusta, ME 04333-0006

G. STEVEN ROWE,
Attorney General

COMPLAINT FORM
HOME CONSTRUCTION and HOME REPAIR

Please answer the questions below as completely as possible and **include copies** of your bills, contracts, estimates, receipts, warranty, advertisements, etc. **Do not send originals. Please print neatly or type.**

Name Of Business Complaint Is To Be Filed Against

Name of Consumer

Name of Business: _____
Address: _____
City: _____ State: _____ Zip: _____
Tel: _____
Fax: _____
Email: _____

Your Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Tel: Work _____ Home _____
Fax: _____
Email: _____

Name of Manufacturer: _____
Address: _____
City: _____ State: _____ Zip: _____
Tel: _____
Fax: _____
Email: _____

Specific details about the transaction:

Did you sign a contract? Yes: ____ No: ____
Does your contract require arbitration? Yes: ____ No: ____
Did you receive a warranty? Yes: ____ No: ____
What is the length of the Warranty? _____
Did you pay by credit card? Yes: ____ No: ____
Have you contacted your credit card company to dispute your bill and request a credit? Yes: ____ No: ____

Does Your Complaint Involve:

New Home Construction _____, Landscaping _____, Home Repair _____, Other _____

Date of Transaction: _____ Price: \$ _____ Amount of money paid? \$ _____

Name of person you dealt with: _____

Was the item or service advertised? Yes ____ No ____ If yes, was the advertisement accurate? Yes ____ No ____

Did the provider of the item or service complete the contract? Yes ____ No ____

Have you contacted another provider for a second opinion? Yes ____ No ____

What is the product or service you are complaining about? _____

Have you submitted this matter to another agency or lawyer? Yes ____ No ____

Agency's or lawyer's name and phone: _____

Have you sued the company or has the company sued you? Yes ____ No ____

May we send a copy of this complaint to the business? Yes ____ No ____

If you check "no" we will not be able to mediate your complaint.
However, we will keep your complaint in our files.

PLEASE COMPLETE THE OTHER SIDE

[illegible]

Please indicate which age category applies to you (statistical purposes only):
Under 19() 20-29() 30-39() 40-49() 50-59() 60-69() 70-79() 80-89() 90 plus()